

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. 097529269	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			°		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
1	/		/				51			
2		/		/			52			
3		/		/			53			
4		/		/			54			
5	/		/				55			
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12	/		/				62			
13	/		/				63			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	4		7				TOTAL IND.			
TOTAL DEP.	8		8				TOTAL DEP.			
TOTAL CLAIMS	15		15				TOTAL CLAIMS			